

PO 2 0000 32578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

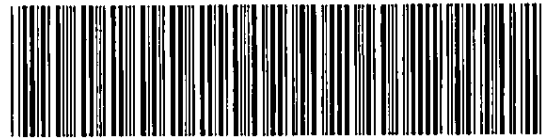
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Cardiovascular Institute, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott L. Glazier

Name of Person

Glazier, Glazier & Dietrich, P.A.

Firm/Company

8833 Perimeter Park Blvd., Suite 1002

Address

Jacksonville, Florida 32216

City/State and Zip Code

sglazier@glazierlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott L. Glazier at (904) 997-1033
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: First Coast Cardiovascular Institute, LLC

SECOND: The Florida Document number of the limited liability company is: L23000084379

THIRD: Document to be corrected is: Articles of Conversion for "Other Business Entity" Into Florida LLC

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

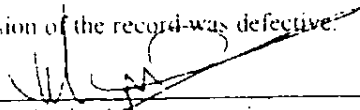
- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The Articles of Conversion were not properly authorized causing them to be defectively signed, and the appropriate correction is that the Articles of Conversion should be disregarded and First Coast Cardiovascular Institute, P.A. shall remain a Florida professional corporation as if the Articles of Conversion were not filed.

OR

- ☐ The electronic transmission of the record was defective.
- 

Signature of Authorized Representative
- 3/29/2023

Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)